

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

**ACKNOWLEDGMENT OF ATTESTATIONS** 

## (To be completed and submitted by the applicant)

Do not sign until notary is present

On behalf of	_, I
Name of Entity	Name & Title of Individual Authorized to Sign on Behalf of Entity
hereby swear, acknowledge, and consent to the following attacknowledgment and consent):	estations (check all that apply to indicate the applicant's
☐ Attestation A: Acknowledgment, Agreement & Consent	
☐ Attestation B: Authorization to Release Information	
☐ Attestation C: Verification & Affidavit of Full Disclosure	(with contact designated, if applicable)
☐ Attestation D: Acknowledgment of Federal Law & Release	
☐ Attestation F: Confirmation of Tax Compliance	0.01.2
is true, complete, and correct, and that no material information ha  Signature of Individual Authorized to Sign on Behalf of Entity	Date
Subscribed and sworn to by(Authorized Individual Name)	before me on  (Date)
(Notary Public Signature)	(Notary Public Printed Name)
State of, County of	
	(County) (State)
My commission expires:	

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